

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/762963	FILING DATE
APPLICANT(S)		

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	2	1				
3	3	1				
4	4	1				
5	5	1				
6	6	1				
7	7	1				
8	8	1				
9	9	1				
10	10	1				
11	11	1				
12	12	1				
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50						
TOTAL	5					
TOTAL	26					
TOTAL CLAIMS	31					

51				
52				
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				